Assistance for Family Welfare Programmes in Himachal Pradesh

3692. SHRI ANIL SHARMA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) the amount of assistance provided to the Government of Himachal Pradesh for the family welfare programmes during the last three years;

(b) the details of amount spent on these programmes during this period; and

(c) the steps being taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA) : (a) to (c) The State Government incur expenditure as per norms laid down by the Government of India. The assistance is given both in Cash and Kind on the basis of infrastructure sanctioned in the State and is finally settled on the basis of audited statement of expenditure received from the State A.G. The amount given to the Government of Himachal Pradesh during the last three years is as under :—

(Rs. in lakhs)

Year	Cash	Kind	Total
1998-99	1973.97	399.57	2373.54
1999-00	2069.01	338.33	2407.34
2000-01	2778.77	470.20	3248.97

Revised National TB Control Programme

3693. PROF. M. SANKARALINGAM : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether in March, 2001 his Ministry has announced that the Revised National TB Control Programme would cover 400 million people in the country by the end of the year;

(b) if so, the progress made, so far;

(c) the salient features of the Revised TB Control Programme;

(d) the number of people affected every year for the last five years, State-wise; and

(e) the steps taken by Government to spread awareness in this respect?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA) : (a) and (b) Yes, Sir. 400 million population has already been covered under Revised National TB Control programme (RNTCP).

(c) The objective of the Revised National TB Control Programme (RNTCP) is to achieve a cure rate of at least 85% of new sputum positive cases and to detect at least 70% of such cases. The RNTCP is an application of the WHO recommended Directory Observed Treatment, Short course (DOTS) strategy to control TB. The components of the strategy are : (i) Political and administrative commitment at all levels, (ii) Diagnosis through quality sputum microscopy of patients attending peripheral health facilities, (iii) Uninterrupted supply of Short-Course Chemotherapy drugs, which are given in patient-wise boxes, (iv) Direct observation of treatment through involvement of peripheral health functionaries, NGOs and community volunteers, and (v) systematic monitoring, evaluation and supervision at all levels.

Under the revised strategy, a success rate of more than 80% has been reported by the Project Districts which means that 8 out of 10 TB patients put on treatment under the revised strategy are successfully treated as against less than 4 out of 10 under the previous programme.

(d) Under the National TB Control Programme, about 14 lakhs TB cases are detected and put on treatment in the country every year. Approximately 40% TB cases report to private sector for treatment. Thus it is estimated that about 22 lakhs new TB cases are occurring in the country every year. A statement indicating the State-wise details of TB cases detected and put under treatment under the National TB Control Programme during the last 5 years is annexed. (*See* below)

(e) For creating awareness in general public information about signs and symptoms of TB and availability of its diagnostic and treatment facilities, is disseminated through publication of DO's and DON'T's in newspapers. The IEC activities have been decentralized under the Programme and they are being undertaken by the District TB Societies through the Central assistance given for the purpose to them.

Statement

NATIONAL TUBERCULOSIS CONTROL PROGRAMME

State-wise detection of TB cases for the year 1996-97, 1997-98 & 1998-99 and detection of Smear positive TB Cases for the year 1999-2000 & 2000-2001

Sl. No.	Name of the State/ Union Territory	1996-97 Cases Detected	1997-98 Cases Detected	1998-99 Cases Detected	1999-00 Cases Detected	2000-01 Cases Detected
1	2	3	4	5	6	7
1.	Andhra Pradesh	65,660	74,137	78,467	24,892	28,562
2.	Arunachal Pradesh	2,880	3,801	5,748	414	410
3.	Assam	20,106	18,625	19,847	209	2,059
4.	Bihar	12,710	11,133	27,770	6,980	—
5.	Goa	2,974	2,610	2,748	515	485
6.	Gujarat	116,158	104,635	125,534	34,911	30,981
7.	Haryana	35,267	37,668	33,384	9,226	7,761
8.	Himachal Pradesh	12,084	5,347	5,768	512	—
9.	Jammu & Kashmir	11,014	26,993	18,258	533	830
10.	Karnataka	71,776	78,883	68,149	20,244	26,133
11.	Kerala	36,829	19,711	13,808	—	704
12.	Madhya Pradesh	90,858	77,045	78,390	23,683	25,037
13.	Maharashtra	190,630	202,299	195,246	64,966	63,797
14.	Manipur	6,645	3,469	2,820	1,012	1,385
15.	Meghalaya	4,618	3,080	2,788	508	665
16.	Mizoram	1,223	1,332	1,390	299	336
17.	Nagaland	1,350	1,626	2,380	643	314
18.	Orissa	40,850	24,912	21,850	12,106	4,480
19.	Punjab	48,260	42,121	39,520	9,783	10,670
20.	Rajasthan	69,344	46,071	52,072	22,953	23,584
21.	Sikkim	2,800	1,861	2,104	417	409
22.	Tamil Nadu	104,823	114,065	116,195	25,756	24,533
23.	Tripura	2,528	2,601	3,340	981	5,555
24.	Uttar Pradesh	279,789	289,431	262,739	65,596	62,802
25.	West Bengal	74,352	65,018	62,428	15,595	3,721
26.	A & N Islands	635	1,819	720	210	265
27.	Chandigarh	1,711	506	1,801	23	14

1	2	3	4	5	6	7
28.	D&N Haveli	300	0	266	187	182
29.	Daman & Diu	244	417	150	153	170
30.	Delhi	42,951	43,313	13,000	26,911	10,413
31.	Lakshadweep	180	145	100	0	5
32.	Pondicherry	3,401	711	3,863	1,303	1,436
	TOTAL NTCP	1,354,950	1,305,385	1,262,643	371,521	337,698

*Calendar year.

Note : Under 20 Point Programme previously Total of TB cases detection used to be monitored, but from 1999-2000 onwards of TB cases detection is monitored.

Review of population growth

3694. SHRI RAVI SHANKAR PRASAD : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government have reviewed the progress made, so far, in controlling population growth *vis-a-vis* the huge expenditure incurred every year on family planning in the country;

(b) if so, the outcome thereof;

(c) whether any concrete measures including effective incentives have been or proposed to be adopted for curbing population rise; and

(d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA) : (a) and (b) Review of the National Family Welfare Programme including budget requirement of each activities is being carried out periodically.

The progress in reducing population growth rate does not depend only on expenditure incurred on family planning but also many other socio-economic factors, such as success in increasing literacy, particularly of women, age at marriage, improvement in infrastructure, sanitation, transport, communication in addition to improving reproductive health services.

However, the changes that have taken place since inception of National Family Welfare Programme in key indicators are given in the Statement. (*See* below).